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A N N U A L R E P O R T

F O R T H E

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Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my Annual Report for the year 1953. As I have been appointed to your Council quite recently, this Report is written, so to speak, on behalf of my predecessor. I must apologise, therefore, for the fact that the contents are largely factual and somewhat concise.

Administration.

Dr.A.E.Brown continued as Medical Officer of Health until his resignation in August to take up an appointment abroad. Dr.A.E.Lorenzen, Senior Assistant County Medical Officer, acted in the vacancy until the end of the year, except during October when Dr.Brown resumed duty for a short period. Mr.K.S.Starling, C.R.S.I., M.S.I.A., M.I.H., a copy of whose Report for 1953 is appended, held the appointment of Senior Sanitary Inspector to your Council throughout the year. He was assisted by Mr.R.W.Garrood, M.R. San.I., R.S.I.A.

Clerical Assistance for your Medical Officer was carried out at the Aspland Road Health Office, Norwich, as in the previous year. There is little doubt that centralisation of the work of the health department for Area 5, as a whole, is good administrative policy. Apart from the question of saving time and travelling expenses the administrative work connected particularly with the control of infectious diseases, food poisoning, milk supplies, and housing, involves very often more than one Council Area at one and the same time. Moreover, the centralised office permits ready communication with those officers whose work is intimately concerned with the Medical Officer of Health in his district duties: the Welfare Officers, the Children's Officer, the County Surveyor, the Bacteriologist, and other County Officers whose functions have a bearing on District health and welfare work.

Vital Statistics.

(a) Population. The Registrar General estimates the population of Loddon Rural District at 12,680. The 1951 census figure was 12,573.

(b) There were 177 live births during the year and 127 deaths. In 1952 there were 186 live births and 141 deaths. The crude death rate was 10.1 per mille compared with 11.4 for the whole of England and Wales, and the birth rate was 13.9 compared with 15.5 for England and Wales.

(c) There were 8 deaths in infants under one year of age, and the infant mortality rate (i.e. deaths under one year per 1,000 live births) was 45. No less than seven of these deaths were due to congenital defects - an unusually high proportion. The eighth death was the result of accidental suffocation. The infantile death rate for England and Wales was 26.8. There was one still birth.

Infectious Diseases (excluding Tuberculosis)

There were 62 notified cases of infectious diseases, details of which are shown in Table 11.

(a) Whooping-Cough, accounted for 12 of the 62 infectious diseases notified. Immunisation with whooping-cough vaccine, as approved by the Ministry of Health, was introduced as a County Scheme in May 1953 and is becoming increasingly popular. The vaccine may be given separately or combined with the diphtheria antigen so that inoculation against both diseases can be given at one and the same time. The evidence available so far suggests that whooping-cough immunisation is not so complete as that for diphtheria, but, if not prevented in all cases, the severity of the attack is certainly lessened: of particular importance is the fact that immunisation in the early months of life reduces considerably the high infant mortality from whooping-cough so apparent in the past.

(b) Diphtheria. No cases of diphtheria were reported and no cases have occurred in the Loddon district for a number of years. To keep diphtheria at bay it is considered that 70% of persons in the community should be rendered immune; at present something like 90% of children in Area 5 are entering adult life with good immunity. Primary immunisations are carried out by general practitioners, at infant welfare centres, and at schools. The giving of single "booster" injections in schools has now become routine practice, and these have increased from 453 in 1950 to just under 1,900 in 1953 (Area 5). Before 1941 diphtheria claimed about 2,500 deaths in England and Wales and about 40,000 to 50,000 children suffered from this disease. In 1952 there were only 376 cases and 32 deaths. These figures are cold statistics but it requires little warmth of imagination to appreciate what these figures signify in the prevention of suffering to children and anxiety to parents: moreover, the saving of the costs of hospitalisation and general medical expenses must be considerable. But what of the cost of immunisation? Here again are some figures: Total Government grants to local health authorities in 1952-53 were approximately 18½ million pounds. Out of this sum an item such as ambulance services cost 4½ million pounds, while the cost of vaccination and immunisation services for the whole country was only £243,000.

(c) Scarlet Fever. Five notified cases of Scarlet Fever occurred in 1953 compared with nine in 1952. This disease has become very mild in character and responds well to treatment with penicillin and the sulpha drugs; the fact that the disease is mild increases the danger of spread through "missed" cases. Strict precautions to control the spread of the disease are still maintained for there is always the possibility that the causative organism may again assume its former virulence.

(d) Food Poisoning. Eleven cases of food poisoning were reported among the staff of Langley Private School during the month of July, following a meal in which all but two of the affected persons had participated. The illnesses - many of them severe - were caused by food poisoning bacteria, identified as salmonella typhimurium. These bacteria were present in an uncooked preparation known as "coffee mousse" and which contains milk, sugar, and eggs. At least one of the eggs used was a duck egg and, moreover, this sweet had been prepared about thirty hours before being eaten.

Examination of duck eggs on the premises (and of one duck laying) proved that all contained similar organisms to those excreted by the patients.

Uncooked ducks eggs are recognised as a dangerous food since a salmonella typhimurium is commonly found in them. In this case the fact that the "coffee mousse" was prepared thirty hours before being eaten and left at room temperature throughout that time allowed bacterial multiplication under almost ideal conditions.

(e) Acute Poliomyelitis. There have been no recorded cases since 1949. With regard to control measures the present position may be summed up by a quotation from the World Health Organisation, expert committee.

"The accumulated laboratory and epidemiological evidence indicates that poliomyelitis is a highly infectious disease spread by intimate association with infected persons. It is probable that the virus is actually transferred directly or indirectly by means of pharyngeal excretions and faecal matter".

"The standard methods of control as applied by health officers with many infectious diseases have been found to be of little avail in poliomyelitis. Part of the reason for the apparent failure of isolation and quarantine measures to check the spread of infection may lie in the fact that for every case of paralysis there may be a large number of persons with mild or inapparent infection. However, virus studies have shown that, during epidemic periods, virus is found mainly in the intimate associates of the case. It appears possible, therefore, that some reduction in the number of cases of poliomyelitis might be achieved by vigorous quarantine and hygiene measures directed at the first recognised case".

"Because of prolonged excretion of virus in the stools, it is probably advisable that patients should be isolated, if necessary at home, but it is difficult to make a firm recommendation as to the length of time because it is not known when the individual case becomes free from infection. There would appear to be much to commend the practice in some countries of isolating cases and quarantining contacts for three weeks. Under conditions where virus may spread rapidly, such as nursery schools and residential nurseries, it may be desirable to exclude convalescent poliomyelitis cases for several weeks".

(f) Tuberculosis. Eight new cases of Tuberculosis were notified in 1953 compared with fifteen cases in 1952. Contacts of cases are X-rayed and supervised by the Norwich Chest Clinic and susceptible family contacts are vaccinated with B.C.G. Special attention is paid to home sanitation and hygiene in houses where cases occur. The Health Visitor plays an important part in this work. Where necessary the family in which a case occur is given priority for re-housing.

Water Supplies.

Details of local water supplies are given in the Report of the Sanitary Inspector which follows this Report.

The question of the fluoridation of water supplies continues to arouse interest. There is little to add to what has already been said on the desirability of introducing this useful public health measure approved by the medical profession as a whole. School children today have a fair share of tension and anxiety: they have to put up with embarrassing medical and dental inspections: they are jabbed with needles and lucky if they escape the tedium of foot exercises; the ear-nose-and-throat specialist is perpetually ready to pounce; worst of all are the horrors of the dentist's chair. These disturbances are, of course, for ultimate good but anything that contributes to easing the pangs of growing-up should be vigorously pursued. The arrest of dental decay would be a precious gift to otherwise healthy children and fluoridation of water supplies is the sensible way to offer it.

It is hardly necessary to mention the fact that the arrest of dental decay means a considerable saving of public money.

The Government Mission sent to the United States in February 1952 to report on fluoridation was quite satisfied that considerable benefit would result from the addition of fluorides to drinking water which is naturally (or unnaturally) lacking in the quantity required to assist the growth and health of teeth. That the considered opinion of this mission has not been generally accepted by public opinion everywhere is not in the least surprising. Distrust of the experts - men carefully trained by the community to seek the truth and give the answers - is well recognised, while the unrestrained babble of the misinformed is accepted as gospel. Patience, however, must go hand-in-hand with progress in public health and correct results attained with the inevitability of gradualness.

As your Council's water supplies are largely dependent on the Norwich city water works, no positive action to introduce local fluoridation is practicable. Nevertheless the considered opinion of your Council is certain to have much influence when final decisions regarding the introduction of this public health measure are eventually made.

Milk.

(a) "Designated" and "Non-designated" Milk. The designated milks are: "Tuberculin Tested Milk" (milk from herds officially certified as free from tuberculosis and known as 'attested' herds): "Accredited Milk" (milk from a single herd the animals in which are submitted to periodic veterinary examinations): "Pasteurised Milk" (milk to which special heat treatment is given sufficient to destroy the tubercle bacillus and other pathogenic organisms). Pasteurised milk is not, of course, the same thing as milk designated as "Sterilised" milk: pasteurised milk, if it is to remain fresh for a reasonable length of time, must be clean before pasteurisation. There is no significant difference in nutritive value between raw and pasteurised milk.

The question is often asked, "How much of the milk sold for human consumption is 'safe' and how much is sold 'raw'? About 80% of milk sold for human consumption in England and Wales is designated milk.

Without carrying out a farm-to-farm survey, it is not possible at the moment to give figures showing the quantity of 'safe' milk sold compared with 'raw' milk in your Council Area. But out of a total of 228 producer-retailers and producer-wholesalers, 101 produce milk from T.F. herds and 21 produce accredited milk. Of the remainder, many send milk to pasteurisation plants and the balance is sold raw. Further detailed information on this subject is being sought in the light of the possible introduction of compulsory pasteurisation in the future. All the milk sold by eleven purely retail dairymen is designated milk.

(b) Milk & Disease. The common milk-borne diseases of man are tuberculosis, typhoid fever, scarlatina, septic sore throat, undulant fever, diphtheria and infantile diarrhoea. Dysenteries and diseases caused by food poisoning or septic organisms, and foot-and-mouth disease are less common.

All milk supplies are sampled throughout the year by the staff of the County Sanitary Officer, and pasteurisation plants frequently inspected.. Action is taken by your Medical Officer on reports received dealing with infected milk.

Four reports of milk infected with *Brucella abortus* were received from the Loddon district during the year, and necessary action was taken under Part VII of the Milk and Dairies Regulations 1949. As the milk from the herds concerned was sent to a pasteurisation plant in three cases, restrictions on the sale of milk were not imposed. In the fourth case restriction was required for fourteen days only.

In cases where bulk samples (taken from herd) are found to be positive for, say, tubercle bacilli or *brucella abortus*, restriction is placed on the milk supply, if it is sold raw, until the individual offending animal (or animals) has been detected. The restriction is then applied to the infected animal, or animals, only. Cows infected with tuberculosis and excreting Tubercle bacilli in the milk are usually slaughtered under the Tuberculosis Order 1938. In the case of *Brucella abortus* infections, cows are considered infected for the duration of the current lactation period and are re-sampled when they come into milk again. In practice, most infected cows find their way to the slaughter-house, which is the best solution, for there is reason to believe a *brucella abortus* infection may be permanent.

(c) Milk from farm to consumer. Your Medical Officer visited the Milk Marketing Board depot at Harford Bridges and, having inspected the plant, was given full information regarding the methods to ensure the cleanliness of the milk treated at the plant. The manager of the plant is most anxious to ensure that the milk reaches the retailers in the best condition possible and there is little to criticise in the methods used to produce a clean, safe milk.

The main difficulty lies in the time factor between bottling and delivery to the retailer: in winter, milk is sent out from the cooling rooms in the afternoon for delivery to consumers next morning; in hot weather milk is held up in the cooling rooms until 8 p.m. and is delivered throughout the night until 6 a.m. The change-over from cold weather system to the hot weather system may, however, take 48 hours and naturally requires a good deal of judgment. It is hoped to make the change an automatic one - introducing the night delivery system automatically from 1st May to the 1st October; a project for delivery to retailers in insulated vans is also under consideration. The greatest difficulty lies, however, in the final stage - delivery by retailer to consumer. Many retailers have no provision for keeping milk waiting for delivery properly cooled, neither can the consumer be sure of the exact age of the milk when it is delivered into his hands. There is, however, a code cypher on M.M.B. milk bottles which indicates the date on which the milk is dispatched from the pasteurisation depot.

Sewage and Refuse Disposal.

The present position under this item is contained in the Sanitary Inspector's Report.

Housing.

The position with regard to housing and re-housing in 1953 is described in the Report of the Sanitary Inspector which follows this Report.

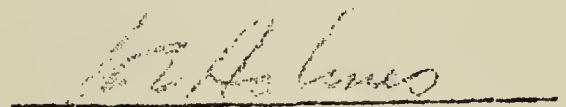
Perhaps the greatest and most responsible task of your Council is the provision of adequate housing of a good standard; but in carrying out this duty it is some consolation to know that satisfactory housing is the essential key which opens the way to improvement in public health. Without the foundation of good housing the whole structure of public health is insecure.

The benefits of good housing are more far-reaching than may immediately appear: by checking overcrowding, tuberculosis is prevented and more easily contained and cured; the spread of infectious diseases is checked and isolation of infectious cases is more easily arranged in the home; the provision of handy washing facilities makes personal hygiene less of a problem and so contributes considerably to the control of the many diseases conveyed by unwashed hands; proper facilities for food storage lessens the chances of food poisoning; above all, the mental effects of a good home, by stimulating a sense of well being and security among so many families makes an essential contribution to the morale of the entire community.

Mothers with poor home conditions, discouraged and frustrated, find little time or inclination to avail themselves of the public health amenities provided for them and their children.

Conclusion.

Your Medical Officer of Health would like to take this opportunity to thank the Officers, members of the Council, and staff, for the great kindness, courtesy and help extended to him since his recent appointment to your Council: and to the Chief Clerk and his staff at the Central Office, Norwich, for the considerable work carried out in the preparation of Annual reports.



M.B., Ch.B., D.P.H.

LODDON RURAL DISTRICT

Table 1.

GENERAL STATISTICS.

Area (in acres)	60,273
Estimated Resident Population	12,680
Rateable Value	£37,805
Sum represented by a Penny Rate	£158

Table 2.

LIVE BIRTHS.

	Males	Females	Total
Legitimate	85	86	171
Illegitimate	4	2	6
Total	89	88	177

Live Birth Rate per 1,000
of estimated Resident Population

Loddon Rural District	...	...	13.88
(Area 5	...	...	14.38)

Table 3.

STILL BIRTHS.

	Males	Females	Total
Legitimate	-	1	1
Illegitimate	-	-	-
Total	-	1	1

Still Birth Rate per 1,000
total births

Loddon Rural District	...	...	5.6
(Area 5	...	...	17.1)

Table 4.

DEATHS (all ages).

Males	Females	Total
60	67	127

Crude Death Rate
per 1,000 of estimated Resident Population.

Loddon Rural District	...	...	10.1
(Area 5	...	...	10.9)

Table 5.

INFANT MORTALITY (Deaths of Infants under One Year)

	Males	Females	Total
Legitimate	4	4	8
Illegitimate	-	-	-
Total	4	4	8

Infant Mortality per 1,000 Live Births.

Loddon Rural District	...	...	45.1
(Area 5	...	...	34.8)

NOTE Area 5 comprises Depwade & Loddon R.D's and Diss & Wymondham U.D's.

Table 6.

CAUSE OF DEATH OF INFANTS UNDER ONE YEAR.

	Males	Females	Total
33. Pneumonia.	1	-	1
31. Congenital Malformations.	1	1	2
32. Other defined and ill-defined diseases.	2	2	4
34. All other accidents.	-	1	1
Totals	4	4	8

Table 7.

CAUSE OF TOTAL DEATHS (Registrar-General).

	Males	Females	Total
1. Tuberculosis, Respiratory.	-	1	1
2. Tuberculosis, other.	-	-	-
3. Syphilitic disease.	-	-	-
4. Diphtheria.	-	-	-
5. Whooping Cough.	-	-	-
6. Meningococcal infections.	-	-	-
7. Acute Poliomyelitis.	-	-	-
8. Measles.	-	-	-
9. Other infective and parasitic diseases.	-	-	-
10. Malignant neoplasm, stomach.	5	3	8
11. Malignant neoplasm, lung, bronchus.	2	1	3
12. Malignant neoplasm, breast.	-	2	2
13. Malignant neoplasm, uterus.	-	-	-
14. Other malignant and Lymphatic neoplasms.	7	12	19
15. Leukemia, Aleukemia.	-	-	-
16. Diabetes.	-	-	-
17. Vascular lesions of nervous system.	4	10	14
18. Coronary disease, angina.	8	4	12
19. Hypertension with heart disease.	-	-	-
20. Other heart diseases.	14	13	27
21. Other circulatory diseases.	1	3	4
22. Influenza.	-	2	2
23. Pneumonia.	1	1	2
24. Bronchitis.	5	2	7
25. Other diseases of respiratory system.	-	-	-
26. Ulcer of stomach and duodenum.	1	-	1
27. Gastritis, enteritis and diarrhoea.	-	-	-
28. Nephritis and nephrosis.	-	1	1
29. Hyperplasia of prostate.	2	-	2
30. Pregnancy, childbirth & abortion.	-	-	-
31. Congenital malformations.	1	2	3
32. Other defined & ill-defined diseases.	4	7	11
33. Motor vehicle accidents.	2	1	3
34. All other accidents.	2	2	4
35. Suicide.	1	-	1
36. Homicide & operations of war.	-	-	-
Totals	60	67	127

Table 8.

NOTIFICATION OF DEATHS RECEIVED DURING THE YEAR 1953
(According to Age Groups)

	Males	Females	Total
Under 1 year	4	4	8
1 and under 5	-	1	1
5 " " 10	-	-	-
10 " " 20	-	-	-
20 " " 30	1	1	2
30 " " 40	-	2	2
40 " " 50	6	2	8
50 " " 60	3	5	8
60 " " 70	10	10	20
70 " " 80	21	19	40
80 " " 90	13	21	34
90 " " 100	2	4	6
100 and over	-	-	-
Total	60	69	129

It is pointed out that there is a discrepancy between the total number of deaths recorded in this table which is based on actual death notifications received and those of Tables 4 and 7 which are compiled from information given by the Registrar-General.

Table 9.

SUMMARY OF BIRTH AND DEATH RATES COMPARED WITH
AREA 5 AND THE WHOLE OF ENGLAND AND WALES.

	1947	1948	1949	1950	1951	1952	1953
<u>Live Births (per 1,000 pop.)</u>	(219)	(187)	(194)	(175)	(192)	(186)	(177)
Loddon Rural District.	18.25	15.0	15.4	13.6	15.2	14.7	13.8
Area 5.	18.6	15.7	14.5	14.9	15.4	15.6	14.3
England and Wales.	20.5	17.9	16.7	15.8	15.5	15.3	15.5
<u>Still Births (per 1,000 total Births)</u>	(4)	(9)	(9)	(4)	(7)	(4)	(1)
Loddon Rural District.	17.93	45.8	44.3	22.3	35.1	21.0	5.6
Area 5.	27.8	30.4	27.0	23.0	26.8	28.0	17.1
England and Wales.	-	-	-	-	-	22.6	22.4
<u>Crude Deaths (per 1,000 pop.)</u>	(143)	(128)	(133)	(133)	(166)	(141)	(127)
Loddon Rural District.	11.9	10.3	10.5	10.3	13.0	11.1	10.1
Area 5.	12.7	12.9	13.3	12.1	14.0	12.6	10.9
England and Wales.	12.0	10.8	11.7	11.6	12.5	11.3	11.4
<u>Infant Mortality (per 1,000 live Births)</u>	(12)	(2)	(4)	(1)	(5)	(2)	(8)
Loddon Rural District.	54.8	10.6	20.6	5.7	26.0	10.7	45.1
Area 5.	32.4	31.8	21.0	14.5	27.5	28.8	34.8
England and Wales.	41.0	34.0	32.0	29.8	29.6	27.6	26.8

NOTE. Figures in brackets are the actual numbers for Loddon R.D.

TABLE 10

1953 - VITAL STATISTICS

Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the Year 1953.
Provisional figures based on Quarterly Returns.

	England & Wales	160 County Boroughs and Great Towns (including London)	160 Smaller Towns (Resident Population 25,000-50,000 at 1951 Census)	Area 5
<u>Rates per 1,000 Home Population</u>				
<u>Births</u>				
Live Births	15.5	17.0	15.7	14.3
Still Births	0.35	0.43	0.34	0.25
	22.4(a)	24.8(a)	21.4(a)	17.1(a)
<u>Deaths</u>				
All Causes	11.4	12.2	11.3	10.9
Typhoid & paratyphoid	0.00	0.00	-	0.00
Whooping cough ...	0.01	0.01	0.00	0.00
Diphtheria	0.00	0.00	0.00	0.00
Tuberculosis	0.20	0.24	0.19	0.07
Influenza	0.16	0.15	0.17	0.1
Smallpox	0.00	0.00	0.00	0.00
Acute poliomyelitis (including polioence- phalitis)	0.01	0.01	0.01	0.00
Pneumonia	0.55	0.59	0.52	0.32
<u>Notifications (Corrected)</u>				
Typhoid fever	0.00	0.00	0.00	0.00
Paratyphoid fever ...	0.01	0.01	0.01	0.00
Meningococcal infection	0.03	0.04	0.03	0.00
Scarlet fever	1.39	1.50	1.44	0.87
Whooping cough ...	3.58	3.72	3.38	4.17
Diphtheria	0.01	0.01	0.01	0.00
Erysipelas	0.14	0.14	0.13	0.27
Smallpox	0.00	0.00	0.00	0.00
Measles	12.36	11.27	12.32	2.72
Pneumonia	0.84	0.92	0.76	0.90
Acute poliomyelitis (including polioenceph- alitis)				
Paralytic	0.07	0.06	0.06	0.12
Non-paralytic ...	0.04	0.03	0.04	0.00
Food poisoning	0.24	0.25	0.24	0.32
Puerperal pyrexia ...	18.23(a)	24.33(a)	12.46(a)	5.13(a)
<u>Rates per 1,000 Live Births</u>				
<u>Deaths</u>				
All causes under 1 year of age	26.8(b)	30.8	24.3	34.8
Enteritis and diarrhoea under 2 years of age..	1.1	1.3	0.9	0.0

(a) Per 1,000 Total (Live and Still) Births.

(b) Per 1,000 related Live Births.

TABLE 10 (Continued)

MATERNAL MORTALITY IN ENGLAND and WALES.

Intermediate List No. and cause	Number of Deaths	Rates per 1000 Total (Live & Still) Births.	Rates per million women aged 15-44
A115. Sepsis of pregnancy, childbirth and the puerperium	68	0.10	-
A116. (Abortion with toxæmia. (Other toxæmias of pregnancy and the puerperium	7 166	0.01 0.24	1 -
A117. Haemorrhage of pregnancy and child- birth	90	0.13	-
A118. Abortion without mention of sepsis or toxæmia	30	0.04	3
A119. Abortion with sepsis	39	0.06	4
A120. Other complications of pregnancy, child- birth and the puerperium	125	0.18	-

Table 11. NOTIFICATIONS OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS)
(ACCORDING TO AGE GROUPS)

	Under 1	1-2 yrs	3-4 yrs	5-9 yrs	10-14 yrs	15-24 yrs	Over 25	Total
Scarlet Fever.	1	-	1	3	-	-	-	5
Measles.	-	2	2	2	1	-	1	8
Whooping Cough.	1	3	2	4	1	-	1	12
Pneumonia.	-	1	1	-	-	1	12	15
Infective Jaundice.	-	-	-	-	-	-	-	-
Erysipelas.	-	-	-	-	-	-	5	5
Dysentery (Sonne).	-	-	-	-	-	1	3	4
Food Poisoning.	-	-	-	-	-	6	5	11
Ophthalmia Neonatorum.	-	-	-	-	-	-	-	-
Poliomyelitis.	-	-	-	-	-	-	-	-
Puerperal Pyrexia.	-	-	-	-	-	-	2	2
Total	2	6	6	9	2	8	29	62

Table 12. INCIDENCE OF INFECTIOUS DISEASE DURING 1953 (OTHER THAN TUBERCULOSIS)

	QUARTERS				
	1st	2nd	3rd	4th	Total
Scarlet Fever.	1	2	-	2	5
Whooping Cough.	-	-	1	11	12
Measles.	4	3	-	1	8
Pneumonia.	8	1	-	6	15
Erysipelas.	-	2	1	2	5
Infective Jaundice.	-	-	-	-	-
Food Poisoning.	-	-	11	-	11
Dysentery (Sonne)	-	1	2	1	4
Puerperal Pyrexia.	1	1	-	-	2
Total	14	10	15	23	62

Table 13. INCIDENCE OF INFECTIOUS DISEASES (EXCLUDING T.B.)
DURING LAST FIVE YEARS.

	1949	1950	1951	1952	1953
Scarlet Fever.	2	12	2	9	5
Whooping Cough.	11	10	23	10	12
Measles.	15	146	9	53	8
Pneumonia.	9	8	3	12	15
Erysipelas.	3	2	2	-	5
Infective Hepatitis.	-	5	1	4	-
Food Poisoning.	-	2	2	-	11
Puerperal Pyrexia.	2	-	3	3	2
Undulant Fever.	-	-	-	1	-
Dysentery.	-	-	-	-	4
Poliomyelitis.	2	-	-	-	-
Total	44	185	45	92	62

Table 14.

TUBERCULOSIS. (Details of New Cases during 1953)

Age Period	Pulmonary		Non-Pulmonary	
	M	F	M	F
0-4	-	-	-	-
5-14	-	-	-	-
15-24	2	3	-	-
25-34	1	-	-	1
35-44	1	-	-	-
45-54	-	-	-	-
55-64	-	-	-	-
65-	-	-	-	-
Total	4	3	-	1

Table 15. TUBERCULOSIS (NUMBER OF CASES ON T.B.REGISTER AS AT 31.12.53)

	Males	Females	Total
Pulmonary	26	25	51
Non-pulmonary	8	3	11
Total	34	28	62

Table 16. DETAILS OF NEW CASES OF TUBERCULOSIS FOR LAST FIVE YEARS.

		1949	1950	1951	1952	1953
Pulmonary	M)	6	1	4	5	4
	F)	3	-	6	7	3
Non-pulmonary	M)	-	3	1	2	-
	F)	-	-	-	1	1
Total		9	4	11	15	8
Area 5. Total		34	31	36	43	24

Table 17. DIPHTHERIA IMMUNISATION

The following is the number of notifications or primary and booster injections received during the last four years in respect of Area 5.

	Primary Injections		Booster Injections		Totals
	Under 5	Age 5-14	Under 5	Age 5-14	
1953	493	392	36	1,855	2,776
1952	371	95	15	580	1,070
1951	460	70	9	178	717
1950	487	100	6	447	1,040

